

News & Notes

Surgeon General Releases Children's Mental Health Agenda

Surgeon General David Satcher, MD PhD, has released a National Action Agenda for Children's Mental Health, which outlines goals and strategies to improve services for children and adolescents with mental health problems and their families.

The report calls for promoting public awareness of children's mental health issues; improving the assessment and recognition of children's mental health needs; implementing science-based prevention and treatment services; and increasing the coordination of mental health care services for families with mental health needs.

According to the report, the nation is facing a public crisis in mental health for children and adolescents. One in 10 US children and adolescents suffers from mental illness severe enough to cause some level of impairment. Yet, in any given year, it is estimated that fewer than one in five of these children receive needed treatment. The long-term consequences of untreated childhood disorders are costly, in both human and fiscal terms.

In introducing the report, Dr. Satcher noted, "Growing numbers of children are suffering needlessly

because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them" ... "We must educate all persons who are involved in the care of children on how to identify early indicators for potential mental health problems. This begins with families. We need to help families understand that these problems are real, that they often can be prevented, and that effective treatments are available. We also need to better educate frontline providers—teachers, health care workers, school counselors and coaches, faith-based workers, and clinicians of all disciplines—to recognize mental health issues. Finally, we need to train health care providers in scientifically proven, state-of-the-art approaches of assessment, treatment, and prevention."

Despite the existence of mental health programs in many communities, the nation lacks a basic mental health care infrastructure, the report points out. "The multiple systems for mental health care can be very difficult to navigate for many families," said Dr. Satcher. "In reality, services are often just not available."

The National Action Agenda is

the culmination in a series of activities over the past year, including the Surgeon General's Conference on Children's Mental Health in September 2000. The report includes proceedings from this conference and synthesizes recommendations from three major Federal agencies—the Department of Health and Human Services, the Department of Education, and the Department of Justice—and a broad section of mental health stakeholders—including young people and family members, professional organizations and associations, advocacy groups, faith-based practitioners, educators, health care providers, and researchers.

The National Action Agenda is available on the Surgeon General's website at www.surgeongeneral.gov/cmh/ and can be accessed directly at www.surgeongeneral.gov/cmh/childreport.htm. Print copies are available through the National Institute of Mental Health, Office of Communications and Public Liaison; tel. 301-443-4513. ■

OSHA Issues Final Ergonomics Standard

On November 13, 2000, the Occupational Safety and Health Administration (OSHA) issued a final ergonomics standard, requiring employers of workers covered by the standard to implement ergonomics programs and take other specific actions when workers are found to have work-related musculoskeletal disorders (MSDs). Although the rule does not require action until workers are injured and does not cover all industries, it is expected to bring about major improvements in workplace safety.

OSHA estimates that 1.8 million workers a year report such work-related MSDs as carpal tunnel syndrome, tendonitis, and back injuries—and that more than 600,000 of those workers are forced to take time off from work to

recover. The agency predicts that the new standard will prevent 4.6 million such injuries in the first 10 years.

Among workers in high-risk jobs are those employed in the poultry and meat packing industries as well as automobile assembly workers, computer operators, nurses' aides, and cashiers.

The standard does not require employers to take proactive, preventive measures to address MSD hazards in the absence of an injury. Under specified conditions, when a worker has an MSD, the employer must "provide MSD management for the injured employee," including any necessary work restrictions, according to the OSHA website. "The employer also must analyze the job to determine whether it poses an MSD hazard to employees. If the job hazard analy-

sis identifies an MSD hazard in the job, the employer must implement an ergonomics program that includes management leadership and employee participation, job controls, training, and program evaluation. For isolated cases of MSDs, employers may use [a] 'Quick Fix' option and not implement a full program."

For more information, see the OSHA website: www.osha-slc.gov/ergonomics-standard/faq/index.html.

[Ed. note: While this issue was going to press, Congress used, for the first time, the Congressional Review Act to quash OSHA's Ergonomics Standard. After a brief debate, Congress undid the product of 10 years of scientific consideration, citing the expense of the required measures.] ■

The Future of Public Health II

In 1988, the Institute of Medicine (IOM) released its historic report, *The Future of Public Health*, which charged that the public health system was "in disarray."

The IOM has put together a study committee to review changes affecting the public health community since the 1988 report. The group will conduct an 18-month study that will look into "the current status of the public health system" and consider "how best to

assure the health of the public in the 21st century."

The study is expected to identify the likely challenges to public health in the coming decade and the capacity of the public health system to respond. Among the issues that the committee will consider are: changing government roles, the readiness of the public health system to carry out the core functions of public health, strengths and deficiencies in the public health infrastructure, and

the resources available to public health, according to the IOM.

The project will address three broad questions: (a) What is the status of public health in the United States? (b) What are the priority needs of the public health system in the first decade of the 21st century? (c) What are the most logical strategies to address these needs, including priorities for action in the public and private sector? ■

EPA Sets New Standards for Dangerous Levels of Lead in Dust, Paint, Soil

On December 22, 2000, the Environmental Protection Agency (EPA) approved what the agency describes as “tough” new standards establishing dangerous levels of lead in dust, paint, and soil—“benchmarks on which to base remedial actions taken to safeguard children and the public from the dangers of lead.” [See related articles in this issue.]

These final standards will take full effect 60 days after publication in the *Federal Register* on January 5, 2001.

Under the new standards, lead

is defined as a hazard by: >40 micrograms (μg) of lead per square foot in floor dust; >250 μg of lead per square foot in dust on interior window sills; or >400 parts per million (ppm) of lead in bare soil in children’s play areas or 1,200 ppm average in bare soil in parts of a yard that are not play areas.

In addition, a lead-based paint hazard is now defined by: lead-based paint on a friction surface that is subject to abrasion and where a dust lead hazard is present; lead-based paint on an impact surface that is damaged or deteriorated; any chewable lead-based painted surface on which there is

evidence of teeth marks; or any other deteriorated lead-based paint.

The new standards are applicable to various federal lead-related provisions, such as real estate disclosure requirements for people selling or renting houses or apartments. These hazard standards will also serve as general guidance for EPA toxic waste cleanup programs, according to the agency.

More information is available from the National Lead Information Center at 800424-LEAD or on the Web at: www.epa.gov/lead. ■

States Differ in Approaches to Pregnant Substance Abusers, Report Finds

States’ laws and policies differ in their approach to the problem of substance abuse among pregnant women, according to a Guttmacher Report on Public Policy. The authors of the report note that these varying laws and policies reflect deep division in public opinion on how to address this issue.

The report points out that some states use criminal law to prosecute women who abuse drugs during pregnancy, while others have expanded their child welfare laws so that prenatal substance abuse is now considered a form of child

abuse. Still other states use civil law to require health professionals to report cases of prenatal substance abuse, to authorize civil commitment (detention in a noncriminal setting) of pregnant women who abuse drugs, and/or to admit pregnant women who abuse substances into drug treatment programs.

Policy makers were found to be divided on the issue of how to deal with substance abuse during pregnancy. While some support punitive actions against pregnant women to protect the unborn child, others fear that such actions could interfere with a pregnant woman’s autonomy. “Clearly, much is at

stake for the reproductive rights community in its ongoing fight to protect the bodily integrity of a pregnant woman who uses drugs,” the authors state. “Yet many reproductive rights advocates are quick to point out that the community has an equally strong interest—and even an obligation—to work toward ensuring healthy pregnancy outcomes for these women.”

State Responses to Substance Abuse Among Pregnant Women, by Cynthia Dailard and Elizabeth Nash, is available on the Web at: www.agi-usa.org/pubs/journals/gr030603.html. ■

Report Outlines Effects of Non-USDA Foods Sold in Schools

“**C**ompetitive foods” (foods offered at schools other than meals served through the US Department of Agriculture’s [USDA’s] school meal programs) have an effect on the daily dietary intake of school-age children, according to a report presented to Congress by the USDA. The report shows that very few school-age children meet the USDA’s dietary guidelines, and therefore their intakes of nutrients such as calcium, phosphorous, and vitamin A are lower than they should be.

The report addresses the impact of competitive foods on the National School Lunch Program and the School Breakfast Program. The authors show that competitive foods pose diet-related health risks because they lack the nutrients necessary for growth and learning; may stigmatize school meal programs as being only for children from low-income households; may affect the viability of school meal programs because of declining participation; and result in children receiving a mixed message, because while they are learning about good nutrition in the classroom they are presented with low-nutrient-

density food options outside the classroom.

The report recommends that the USDA and Congress work together to establish a national nutrition policy “to foster a healthier school nutrition environment in communities across America.”

The full text of Foods Sold in Competition with USDA School Meal Programs: A Report to Congress is available on the Web at: www.fns.usda.gov/cnd/lunch/competitivefoods/competitive.foods.report.to.congress.htm. ■

Second Region of the World Certified Polio-Free

In October 2000, an independent panel of international public health experts certified the World Health Organization (WHO) Western Pacific Region as polio-free. The Region includes 37 countries and areas, ranging from tiny islands to the country with the single largest population in the world, the People’s Republic of China. The WHO Western Pacific Region is now the second in the world to be certified polio-free, after the WHO Region of the Americas in 1994.

The Regional Certification Commission on Poliomyelitis Eradication confirmed that no new cases of indigenous polio have

been detected in the Western Pacific Region in the last three years despite excellent surveillance for the virus. The last indigenous case occurred in a 15-month old girl in Cambodia in 1997.

WHO Director-General Gro Harlem Brundtland said, “This is a major milestone in the global effort led by WHO, Rotary International, UNICEF, and the Centers for Disease Control and Prevention to certify the world polio-free by 2005. By certifying that this diverse Region is polio-free, we demonstrate that it is possible to eradicate polio throughout the world.” She congratulated the countries involved, donor governments, part-

ner agencies, “and in particular the hundreds of thousands of volunteers whose time and effort contributed to this remarkable success.”

The polio eradication coalition includes national governments; private foundations (for example, the United Nations Foundation, the Bill and Melinda Gates Foundation); development banks such as the World Bank; nongovernmental humanitarian organizations such as the International Red Cross and Red Crescent movement; corporate partners, including Aventis Pasteur and De Beers; and some 10 million volunteers who have participated in mass vaccination programs.

Since the Global Polio Eradication Initiative was launched in 1988, the number of polio cases globally has dropped by more than 95%, from an estimated 350,000 in 1988 to 7,094 reported in 1999, according to the WHO. The WHO European Region (made up of 51 countries, including the Commonwealth of Independent States) has not had any new cases of indigenous polio for almost two years.

The WHO cites three key challenges to be overcome to achieve global eradication of polio:

- securing access to vaccination to all children, including those in conflict-affected countries and areas;
- closing a US\$450-million funding gap; and
- maintaining political commitment in both endemic and polio-free countries.

The 37 countries and areas in the WHO Western Pacific Region are American Samoa, Australia, Brunei Darussalam, Cambodia, China, Cook Islands, the Feder-

ated States of Micronesia, Fiji, French Polynesia, Guam, Hong Kong (China), Japan, Kiribati, the Lao People's Democratic Republic, Macao (China), Malaysia, Marshall Islands, Mongolia, Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, the Philippines, Pitcairn Islands, the Republic of Korea, Samoa, Singapore, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, Viet Nam, and Wallis and Futuna. ■

WHO/UNICEF Report Charts "Shameful" State of World's Water Supply and Sanitation Services

Today, 2.4 billion people worldwide still do not have any acceptable means of sanitation, while 1.1 billion people do not have an improved water supply.

These are just two of the major findings in *The Global Water Supply and Sanitation Assessment 2000*, published by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

Among the report's findings:

- Approximately a quarter of the 4.8 billion people in developing countries are without access to improved sources of water, while half are without access to improved sanitation services.
- There are 4 billion cases of diarrhea in the world every year, with 2.2 million deaths, mostly among children younger than 5 years of age. Safe water, adequate sanitation and hygiene can reduce the rate of diarrheal disease by 25% to 33%.
- Rural services still lag far behind urban ones, but delivering affordable services to the rapidly growing numbers of urban poor remains a formidable challenge.
- There are huge inequities in the amounts invested in services for the better-off sections of urban society compared with investments in providing basic services for the unserved poor.
- In Africa, 30% of the rural water supplies are not functioning at any one time, while the same is true for 17% of rural water supplies in Asia.
- In large cities of developing countries, the percentage of unaccounted-for water is very high, around 40%. Most of this water is simply lost before reaching the potential user. The consequences are particularly serious to the poor living in marginal areas where the water will be wasted before reaching them.
- Not all of the water distributed in large cities is safe.

More information is available on the WHO website at: www.who.int/water_sanitation_health/globassessment/globaltoc.htm. ■